

Journal of Social Hygiene

Legal and Social Protection

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35 cents a copy, postpaid

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The American Social Hygiene Association, organized in 1913, is the national voluntary agency for social hygiene in the United States.

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	Annual Dues
Society Members ----- (agencies and organizations)	\$10.00
Contributing Members ----- (individuals)	5.00
Library Members ----- (students, teachers, librarians, physicians, nurses, social and other professional workers)	3.00

* Postage outside the United States and its possessions, 50 cents a year.

THE JOURNAL OF SOCIAL HYGIENE

official periodical of the American Social Hygiene Association is published monthly, except for July, August and September

at the Boyd Printing Company, Inc., 374 Broadway, Albany 7, N. Y. Acceptance for mailing at the special rate of postage provided for in Section 1103, Act of October 3, 1917. Entered as second-class matter at the Post Office at Albany, New York, March 23, 1922. Copyright, 1949. American Social Hygiene Association. Title Registered, U. S. Patent Office.

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Journal of Social Hygiene

VOL. 36

FEBRUARY, 1950

NO. 2

Legal and Social Protection

EDITORIAL

THE SOCIAL HYGIENE POWER OF LAW ENFORCEMENT

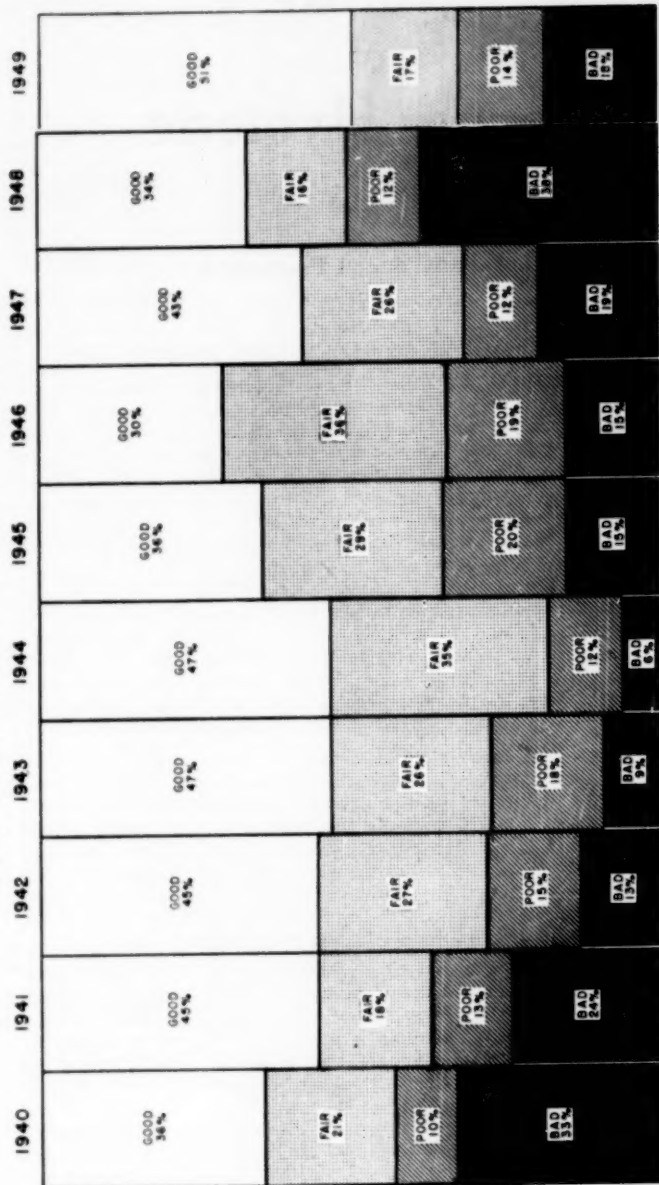
From its earliest days the social hygiene movement has relied heavily on the cooperation of law enforcement officials. The support of these community kingpins has been and is indispensable in maintaining good social hygiene conditions to safeguard family life, in keeping and helping young people out of trouble, and in the general effort to protect and improve the public welfare and health. Without such support the campaigns against commercialized prostitution and the venereal diseases spread by "the business" could make only limited progress, no matter how many or how strong the laws on the statute books, or how well-intentioned the citizenry and the other public officials. The power of law enforcement was well demonstrated in the United States during the recent war, when, simply by putting into effect existing laws, flagrant prostitution activities were eliminated in more than 700 communities. Conversely, the return of prostitution in many of these communities since the war shows how law enforcement slackness and citizen indifference permit such evils to regain foothold in a comparatively short time.

The International Association of Chiefs of Police, which has 2,500 members and headquarters in Washington, D. C., is an important agency with which the American Social Hygiene Association has long worked in close cooperation. Of necessity this relationship has become even more strong and vital since ASHA, in connection with the National Defense Program, by Government request, assumed responsibility for the duties carried during wartime by the Federal Division of Social Protection. The ASHA Division of Legal and Social Protection and the IACP Committee on Social Protection are in continuous liaison.

By means of resolutions and other statements the IACP and ASHA at intervals have reaffirmed their support of one another's programs and have stated their intention to continue working together. These documents have regularly appeared in print in the respective magazines, the *IACP Bulletin* and the *Journal of Social Hygiene*. The Editors of the *Journal* and the staff of the ASHA Division of Legal and Social Protection join in presenting here, with appreciation and thanks in behalf of the nation's social hygiene workers, the IACP's most recent contribution towards defining police responsibility in the current effort to hold the gains against prostitution and VD.

THE STATE OF THE UNION REGARDING COMMERCIALIZED PROSTITUTION—A TEN YEAR SURVEY

An analysis of 3,402 studies made by the American Social Hygiene Association
January 1, 1940 to December 31, 1949, in 1,224 communities



NOTE: In arriving at an opinion as to whether conditions in a given community should be classified as "good", "fair", "poor", or "bad", a number of closely related factors had to be taken into consideration. Briefly these are: (1) size of the community, (2) actual amount of prostitution activity found at times of survey, (3) accessibility of prostitutes, whether hard or easy to find. These factors are considered together to provide the basis for classification.

THE COMMUNITIES MADE GREAT GAINS AGAINST "THE RACKET" IN 1949! HOW ABOUT 1950?

SOCIAL HYGIENE AND THE POLICE

Report of the Committee on Social Protection, International Association
of Chiefs of Police, at Its 56th Annual Conference, Dallas,
Texas, September 11-15, 1949

Members of the Committee

Chairman, **WALTER F. ANDERSON**, Director, Bureau of
Investigation, Raleigh, North Carolina

JOHN CHISHOLM
Chief of Police, Toronto, Ontario

COLONEL FRANCIS E. HOWARD
Deputy the Provost Marshal General,
Dept. of the Army, Washington, D. C.

CHARLES A. HIGGINS
Chief of Police, Providence,
Rhode Island

DR. CARLETON SIMON
IACP Criminologist, New York

INTRODUCTORY REMARKS BY CHAIRMAN ANDERSON

We express grateful appreciation to all those who have cooperated with us during the year in our study of conditions prevailing in the field of Social Protection in the various cities, states, and countries. To the Honorable Philip R. Mather, President, and Dr. Walter Clarke, Executive Director, American Social Hygiene Association, we are indebted for the excellent cooperation rendered your committee. The American Social Hygiene Association has made available to us for study, analysis, and recommendation for action the reports made to it by members of its staff who are especially trained and experienced in making investigations in the various cities and states regarding commercialized prostitution.

In our report to the Annual Conference in New York City last year we pointed out the dangers ahead unless our Police Administrators began to take a more active interest in and begin a more vigorous program to combat the ever-creeping racket of prostitution. During the war years when the Police, Health, and Social Agencies were executing a definite coordinated and cooperative program in the field of Social Protection, the racketeers predicted that as soon as the war was over the Police would give their attention to other programs, that the health and social agencies would relax to some degree and that prostitution would flourish again in many cities. I regret to say to the members of this convention that is exactly what has happened and today, although in many cities there is no commercialized prostitution you will find in an equal number thriving commercialized prostitution. Unless something is done between now and the remainder of this year, the record may show more cities with prostitution than those without prostitution.*

We are here today appealing to you to do something about this situation before it becomes a stumbling block in the pathway of progress, health, and happiness in your community. Most of us know that prostitution, while still evil, is anti-social and entirely

* "Something was done," as shown by chart on page 50.—EDITOR.

unnecessary; that it does not protect health or morals; that it is, in fact, a sordid, wholly commercial business, in which the big money goes to the vice racketeers. Forty-six of our states have adequate laws to protect community and family life against prostitution. In these states we have well-trained law enforcement agencies. With the law and with the training and experience, we should put forth greater effort to combat commercialized prostitution. Unless we do this, soon we will have a train load of trouble with other vices combining with this vice to plague our communities.

Let me point out that we have a very definite part in the Social Protection program. In this program the responsibility of its success to the community rests squarely upon the shoulders of the Police Chief. We need a definite and firm conviction of this responsibility. We cannot pass this part of our total program of enforcement to some other person, or agency. We have come a long way in our study and approach to the total program of law enforcement responsibilities and I am extremely happy that I can say that we have made real advance in the field of law enforcement during the past fifteen years. This has been possible because we have all been willing to study; to prepare ourselves for the greater responsibility of our profession. I am confident that when we sit down and take inventory of the conditions prevailing in our communities, if we find that the vice of commercial prostitution has crept in, we will take immediate action to rid the community of those applying themselves to this violation of our laws.

We report to you today through a series of papers prepared by the Committee's members on various phases of law enforcement work as it relates to social protection. Chief Constable John Chisholm of Toronto, Canada, will discuss *The Functions of the Police in Venereal Disease Control*, with some sidelights on similarities and differences in law enforcement in our two countries.

The conference is honored to have appear before us Colonel Francis E. Howard, Chief, Military Police Division, Office of the Provost Marshal General of the Army, Washington, D. C., to discuss *The Department of the Army Policies and Practices Relating to Elimination of Social Conditions Adversely Affecting Service Personnel*. The problem of Social Protection is one which requires more cooperation between civilian police and military authorities than any other problem confronting the Armed Forces today, states Colonel Howard, since there seems to be a tendency to leave the necessary job of instilling proper ideals of morality and behavior in the young people to the law enforcement agencies. A large percentage of the men in service today are young men, for the most part away from home for the first time. They are in the formative stage of their lives. They are for the first time freed from the usual salutary parental restraints. We have a definite duty to these young men as they come into our communities for rest and relaxation. The military services have fully realized their responsibilities and are today rendering a distinguished service in their training program designed to discipline their men.

Chief Charles A. Higgins, Providence, Rhode Island, has rendered excellent service to your Committee on Social Protection in preparing and presenting the method of handling this problem in the City of Providence, R. I. Chief Higgins will discuss the subject, *Cooperation in Venereal Disease Control*. I call your special attention to the effective manner in which the work of the Police in Providence is coordinated with the Armed Forces Disciplinary Control Board, The State Department of Health, and the Providence Board of Health. Here we have an example of what can be accomplished when the resources of all agencies are developed and coordinated into a full working team around the clock, seven days per week, and twelve months per year. What Providence has been able to do in keeping out commercialized prostitution can be accomplished in any of our cities if only the Police Administrator will set in motion the machinery to control this vice. We commend the periodic meetings of all those persons concerned with this responsibility including the Armed Forces, the Health Boards, the Social Agencies, the Special Service Force of the Department which handles this particular type work. Through the medium of conference we can each lay our special problems before the others participating in the program and shoulder the responsibility together and, in most instances, solve the problem.

We look to the future with high hope that the law enforcement agencies will be joined by health authorities and social agencies and together make plans of a coordinated program that will eliminate all commercial prostitution in the communities where the responsibility of social protection rests squarely upon our shoulders. United and vigorous law enforcement, coordinated with the close cooperation of health department and social agencies can in a short time close down the houses of prostitution, eliminate the conditions that foster and sponsor vice, drive out the racketeers, and free our people and our communities from the constant perils of venereal diseases. The resources of our communities, states, and nation are available and anxious to be used in this type of program. With the leadership, training and experience, as well as the definite conviction and courage, I believe we will seize this opportunity to advance the profession of law enforcement and service to our people.

THE FUNCTION OF THE POLICE IN VENEREAL DISEASE CONTROL

CHIEF JOHN A. CHISHOLM

The problem of venereal disease is still with us in our respective communities. Somehow, we associate that subject with thoughts of wartime, when large masses of Naval, Military and Air Force personnel are located at strategic points throughout the country. Now that the war is over, many of us feel that the venereal disease problem is just a routine one, and we find ourselves unconsciously drifting into a state of postwar complacency regarding this important matter. I do not for a moment suggest that we should now anticipate war—we all sincerely hope that such an eventuality is remote—but

the Police must always be prepared to cope with community problems in times of emergency—in peace or in war.

Police Chiefs and their officers should be interested, above all, in community welfare, and it is our duty to support actively programs aimed at the suppression of venereal disease. We believe, in spite of some opinion to the contrary, that prostitution is a non-desirable condition in any community, and that it has no justifiable place in our democratic way of life. This great organization stands on record* as advocating an unrelenting fight against prostitution, and the support of all campaigns which have as their objective venereal disease prevention.

I suppose we are all congratulating ourselves that, in our communities, the incidence of venereal disease has shown a decided decline. There are, of course, various reasons for this much-desired improvement. The energetic efforts of the medical and law enforcement branches of the Armed Services, especially during the closing years of the war, as well as Federal, State and civic programs supported by volunteer social agencies, contributed much to the reduction of venereal disease. But let us not lose sight of the fact that much of the decline in venereal disease can also be attributed to the great advances of medical science in dealing with infection. We in the Police Service, without being too bombastic, can perhaps also take some credit for the results obtained, by our law enforcement and vigorous support of these anti-v.d. programs, the leadership, in the main, emanating from our own International Association of Chiefs of Police.

To many, Canada seems a long way from Texas, but whether it be Texas or any other State in the Union, or Province in Canada, our problems of venereal disease are quite similar, and our legislation in this respect (mostly State or Provincial) is almost identical, most of it having been passed at the close of the First World War. The Venereal Diseases Prevention Act of the Province of Ontario was originally enacted back in the year 1918 and, like similar legislation in the United States, has been periodically improved by amendments. The Act exists for the following express purposes:

- ... to prevent the spread of venereal disease, by making it mandatory for the medical profession to report new infections;
- ... to set up machinery for the diagnosis and treatment of infected persons;
- ... to provide for the examination of persons believed to be infected, or to have been exposed; and finally,
- ... to give authority to compel infected persons to accept treatment and, as a last resort, to incarcerate the refractory, uncooperative type of infected person, in order that the required treatment may be applied.

I should here point out that the Regulations under the Act, in the main, are the responsibility of the local Medical Officer of Health,

* Resolution No. 9, IACP Third War Conference, Cleveland, Ohio; August 14-16, 1944 (see *The Police Yearbook* 1945, page 381).

who cannot under any conditions "farm out" his responsibility to the Police, the only exception being in certain unorganized territories where a Police officer can be deputized by the health authorities to act. It is not an offense, of course, for a person to have venereal disease, but it is definitely an offense under the Act for a person to fail to report for examination and treatment, when aware that he or she has become infected.

It is the function of the Police to inform the local Medical Officer of Health of all persons in custody, or before the Courts, who may have become infected or exposed to infection and, in addition, upon his request, to endeavor to locate or identify any persons whom he wishes to have interviewed for the purpose of carrying out the provisions of the Act. When this official is furnished with such information, it is his responsibility to determine how the examination shall be carried out and, of course, if the subject is confined in an institution which has a Medical Officer, the latter is directed to conduct the necessary examination.

I shall not go into details regarding punishments which may be applied for various breaches of the Act; suffice it to say that substantial penalties are authorized to deal with:

(1) Physicians who fail to report new infections; (2) persons, other than physicians, who prescribe or supply drugs or medicine for the alleviation, treatment or cure of Venereal Disease; and (3) persons who fail to report for examination and treatment. And so, I think you will agree that our VD control legislation is really quite similar to yours. But Acts and Regulations in themselves are not the answer to this or any other community problem, as the success of this type of legislation largely depends upon public support, and the cooperation of the medical profession and the Police.

In Toronto we take all possible steps to suppress prostitution, although according to reports from some quarters, the prostitute is only responsible for a small percentage of VD infections. Others, however, believe, with strong conviction, that the brothel is still the great powerhouse in the spread of venereal disease. Many good citizens are under the impression that the eradication of prostitution is an easy task, but no one knows better than the Police officer the difficulties and legal technicalities involved in the prosecution of the prostitute, the keeper of the common bawdy house, and the individuals hardest of all to identify and convict—those who live on the avails of prostitution.

But, looking at this problem of venereal disease, we Police Chiefs cannot with any justification say, "There is not much we can do about it." As a matter of fact, a great deal can be accomplished by the Police in this field by cooperating with the Medical Health authorities, as well as supporting the public-spirited efforts of volunteer social agencies in their campaigns against prostitution and venereal disease. In dealing with prostitution (and I speak for my own Department), we experience difficulty in supporting charges of keeping common bawdy houses, but are able to proceed in many

cases, under the Vagrancy section of the Criminal Code of Canada, against suspected prostitutes and street-walkers, submitting evidence as to their behavior on the streets or in public places in making repeated contacts or "pick-ups," which is generally corroborated by the actual facts surrounding the arrest.

The supervision of licensed premises such as hotels, restaurants, beverage rooms, cocktail lounges, dance halls, and places of amusement is all-important in the reduction of venereal disease. The majority of proprietors of such establishments take pride and exert a great deal of effort in operating their premises in a decent and respectable manner, above public criticism, but there is always that small minority of proprietors and licensees who will not maintain decent standards in their premises, thus facilitating prostitution and promiscuity. In such cases the Police should not wait for a deluge of complaints regarding VD contacts or infections before reporting the conditions to the licensing authority.

To say that the Police are not concerned with the correction of community defects until some serious infraction of the law has taken place is not correct, and conveys a misunderstanding of the real aims and functions of the Police Service. I know that the International Association of Chiefs of Police looks to its members for continued support to all agencies working for the suppression of venereal disease, and for a strong and vigorous program of prosecution of those who in any way contribute to the existence of prostitution or commercialized vice.

But the sad feature of all this is that the damage has been done, in the majority of cases, when the medical profession and the Police are called into this great VD picture. And that reminds us of the great potentialities of effective education of the masses—particularly youth—in regard to the dangers of venereal disease, by programs of education such as are carried out in the United States by the American Social Hygiene Association, and in the Dominion by the Health League of Canada.

DEPARTMENT OF THE ARMY POLICIES AND PRACTICES RELATING TO ELIMINATION OF SOCIAL CONDITIONS ADVERSELY AFFECTING SERVICE PERSONNEL

COLONEL FRANCIS E. HOWARD, C.M.P.

The problem of Social Protection is one which requires more cooperation between civilian police and military authorities than any other problem confronting the Armed Forces today, since there seems to be a tendency to leave the very necessary job of instilling proper ideals of morality and behavior in young people to the law enforcement agencies.

As of 1 February of this year, 41.25 per cent of all prisoners in Army guardhouses, stockades and hospitals prison wards were in

a juvenile category of the 16-20 age bracket. Their age makes obvious the fact that these offenders have spent little time under military influence. Another study of Army general prisoners indicated that more than half of all general prisoners regardless of age, had less than 18 months of military service. I emphasize these facts in order to explain why the military is concerned with the community at large and all factors affecting social behavior.

On one hand, the disciplinary task of the Armed Forces would be more than halved if all persons had been inspired and indoctrinated with acceptable standards of behavior prior to military affiliation. On the other hand, the military establishment has acknowledged an obligation to continue, insofar as possible the wholesome influences which characterize the better aspects of home, family and community life. In this connection, the military establishment, through its Services, has made certain that its members receive the best of physical care and their religious needs are competently served by representatives of their chosen faith. Opportunity is given to them to improve their education and the best of recreational facilities are available.

It is recognized, however, that military installations attract predatory characters, and many young servicemen, during their unsupervised hours away from the military installation, are subjected to influences that threaten their moral, spiritual and physical welfare. There is thus developed a problem that is of mutual concern to both military and civilian authorities, and, as I pointed out before, one which requires the ultimate in cooperation.

The Armed Forces have established two groups, whose functions are to effect the necessary liaison for corrective action in this problem. They are (1) the Character Guidance Councils of the Armed Services and (2) Joint Army-Navy-Coast Guard-Air Force Disciplinary Control Boards. Since unification of the Armed Forces has been effected, these groups are under the direct supervision of the Personnel Policy Board in the Office of the Secretary of Defense, which acts for the Armed Services in all matters affecting personnel.

The first group, the Character Guidance Councils, are an outgrowth of the former Venereal Disease Control Councils. These councils emphasize the fact that promiscuity and venereal disease result from impaired or undeveloped appreciation of moral and spiritual values and that the whole problem can be most effectively met by strict adherence to an acceptable pattern of social behavior.

Character Guidance Councils are established in each Army Area and in each organization within the Area down to and including a battalion. Commanding Officers in all organizations are specifically charged with the responsibility of Character Guidance. In organizations in which councils are organized, they are made up of the senior officers of the following staffs: Personnel and Administration; Medical Corps; Provost Marshal's Office; Public Information Office; Chaplain; Special Services Office; and the Army-Air Force Troop Information and Education Officer.

The policy under which these councils operate is:

"Instill in officers and non-commissioned officers an appreciation of their part in character guidance and an understanding of its purpose.

"Emphasize and take a personal interest in athletics and all forms of supervised recreation to insure the existence of a well-rounded program readily available and attractive to all members of their commands. Facilities will be located as near as possible to the unit area in an effort to make them more accessible to the soldier than the unsupervised attractions of towns and to encourage regular participation by each member of the command.

"Cooperate with local health and law enforcement agencies in the repression of prostitution and venereal disease. The integration of law enforcement and civil health programs with the Character Guidance Program is primarily the function of commanders of the numbered Armies within the United States. In overseas commands the responsibility rests with the senior Army Commander.

"Establish adequate controls on the sale of liquor.

"Restrict passes of irresponsible individuals who conduct themselves habitually in a manner calculated to bring discredit upon the service and prejudicial to the aims of the Character Guidance Program.

"Give consideration to the elimination of officers and non-commissioned officers who, by the example of their private lives, undermine discipline and respect for command."

The broad directives which I have quoted are supplemented by more specific instructions such as the requirement that a regular training period be scheduled for instruction by the Chaplain in citizenship and morality. Attendance by all military personnel is required at the presentation of such material which is prepared in the Office of the Chief of Chaplains in coordination with the Troop Information and Education Division. The Surgeon is instructed to give necessary information on sex hygiene, and in coordination with the Chaplain issue instructions on the value of continence and the responsibility of the individual to society and himself. It is emphasized that medical prophylaxis is directed at those men who, despite the teachings of home and church and the awareness of dangers, persist in illicit sex relations. Naturally the medical officer must keep the commander informed of venereal disease incidence and recommend measures designed to prevent the occurrence of venereal disease. The Provost Marshal of every command is particularly charged with coordinating activities with civilian law enforcement agencies that are concerned with implementing local ordinances relating to the suppression of prostitution and allied vice conditions affecting service personnel, and with assisting local commanders in implementing the Army policy on the suppression of prostitution. The responsibility for this program is placed directly on command. The Army, in effect states, "The conduct of men under his supervision is a direct reflection of the commander's leadership, example, and the ability to coordinate successfully all the means at his disposal to assure proper standards of social conduct." If a commander fails in this responsibility he is subject to very definite penalties.

The second group which was mentioned, the Disciplinary Control Boards, is, similarly, a responsibility of command. These groups, rather than developing principles to encourage the growth of moral responsibility, spiritual values and self-discipline, are charged with the *reduction* and *repression* of conditions which are inimical to the morals and welfare of service personnel. The Boards are established for the express purpose of effecting closer coordination between the various law enforcement agencies of the Armed Forces and to promote cooperation with civil enforcement agencies. There is at least one such Board in each Naval District, Coast Guard District, Army Area and Air Defense Command. The personnel on these Boards are composed of the senior Naval Disciplinary and Medical Officers; senior Coast Guard Disciplinary and Medical Officers; the Army Provost Marshal and the Army Surgeon; and the Air Provost Marshal and Air Medical Officer.

Disciplinary Control Boards are concerned with improper discipline, prostitution, venereal disease, liquor violations, disorder, and other undesirable conditions as they effect service personnel. They are also directly concerned with promoting good will and cooperation with civil authorities dealing with these problems.

Thus, when the moral suasion exerted through the Character Guidance Councils and community efforts fail, positive action is taken by the Armed Forces Disciplinary Control Boards, such as recommending that designated places be made "Off Limits" or "Out of Bounds" to service personnel. The recommendation of the Boards is considered binding upon all of the Services unless notice is given within 10 days that the recommendation has not been approved. Each of the services may also take independent action, provided prior notice is given to the local Armed Forces Disciplinary Control Board. It should be clearly understood that such actions by the Services are not taken in an arbitrary manner. It is only after the nature of the complaints have been made known to a proprietor and he has proved either unable or unwilling to meet the Board's requirements, that an establishment is placed "Off Limits." Even then, a proprietor may apply, after a reasonable time, for removal of the restrictions, and such applications are approved upon receipt of proof that the objectionable conditions have been rectified.

I have outlined above the programs of the Armed Forces. However, I wish to stress once more that the correction of unsatisfactory conditions in commercial establishments is impossible without the cooperation of civil authorities, namely the Police Departments, City and Health Departments, ABC Boards, trade associations and unions. The American Distillers Association; the U. S. Brewers Foundation, and the Hotel and Tavern Owners Association have consistently worked with the military to attain proper standards and conditions through influence on their members. The American Social Hygiene Association has been a very strong ally of the Armed Forces in its efforts to control venereal disease, which, it must be acknowledged is the basis for the majority of complaints against commercial establishments.

The American Social Hygiene Association, by invitation of the Federal Security Administration is now performing the nation-wide functions of the Federal Social Protection Division, which no longer exists. In this capacity the organization provides the Military Establishment with confidential data regarding prostitution conditions in the vicinity of military establishments; it acts as advisor to Disciplinary Control Boards, in matters pertaining to civilian community education and the repression of prostitution, and brings to all citizens specialized assistance in good law enforcement, social treatment and individual health education through the home, the church and the school. The surveys made by the Association indicate that commercial prostitution with all its attendant evils is again gaining ground in the United States. In 50 per cent of 213 communities of 42 States, prostitution conditions are now shown to be "poor" or "bad" as compared with only 18 per cent in those categories at the end of 1944. Most of the cities and towns included in the survey are close to Army camps, Air Force Installations or Naval establishments. The one favorable factor of the report is the finding that the larger cities are successfully combating the rebirth of the prostitution racket. It is significant that the study reveals that the more favorable report of large cities is due to better police systems, better courts, stronger public opinion and public action through community groups. That circumstance shows that gains can be held and improved upon and it also demonstrates that police agencies are the hub of the control situation.

It is a known fact, however, that police agencies cannot do the job alone. In fact, no law can be successfully enforced unless it has the determined support of public opinion. The same is true of the military establishment. Although the Character Guidance Councils and the Armed Forces Disciplinary Control Boards are discharging, to the best of their ability, the obligations that have been accepted by the military establishment, the great need is public support.

I am convinced that the greatest need at the present time is for the acceptance of greater responsibility by the people of communities adjacent to military installations. The public knows that the Armed Forces have set up educational and recreational programs for the guidance of service personnel, and civil and military police agencies are responsible for the control of actual misbehavior. The average citizen therefore feels that he has no personal responsibility for any conditions that might exist. I firmly believe that if every avenue of contact with community groups is utilized to focus public attention upon the true facts of community responsibility we of the military establishment and of civil law enforcement groups will find our tasks amazingly lessened. I do not think that civil law enforcement agencies nor the military establishment have any apologies to make for their efforts, but, I am convinced that there are inadequacies of moral and character training in the average community itself. For obvious reasons, the military establishment would like to see this condition improved and will lend full support to such efforts.

COOPERATION IN VD CONTROL

CHIEF CHARLES A. HIGGINS

Recently I was startled for the moment by the message contained on a large billboard on Route 1, a national highway which passes through the City of Providence. The message read:

SYPHILIS can be cured quickly if promptly treated.

DANGER SIGNS: 1. Body sores

2. Skin rash

3. Stubborn sore throat

See your doctor or health department.

RHODE ISLAND DEPARTMENT OF HEALTH

Now, it may be argued that dissemination of information relating to venereal diseases in this manner is dangerous because it exposes immature minds to the discussion of cause and effect. However, it can also be argued that properly directed education along these lines will have a beneficial effect among those people who are ignorant of the terrible toll taken by venereal diseases and of the strides made by medical science in the treatment and control of these diseases. Being interested in securing further information I contacted Dr. Cono V. Stifano of the Department of Health of the State of Rhode Island and learned from him that this was part of a campaign of education launched under the direction of Dr. Edward A. McLaughlin, Director of the Rhode Island Department of Health, and Dr. Raymond F. McAteer, Medical Director, Venereal Disease Control, of said department, in cooperation with the United States Public Health Service, to help reduce the VD rate in the State of Rhode Island and in the United States. I further learned that over three million people in the United States are believed to have syphilis today.

Confronted with these facts I was quite ready to revise my thinking with respect to the dissemination of information relating to venereal disease. Of course we had become more or less acquainted with the problem during our years of service in police work and those of us who had been in military service had been well indoctrinated at every turn by lecture and movie. In fact, there is a school of thought that the indiscriminate passing out of contraceptives effected no good and made many young men in the service too aware of sex. There can be no doubt, in my opinion, that the removal of penalties for contracting a venereal disease did much to assist in the early reporting and successful treatment of cases. In passing, it may be noted here that statistics show that the contracting of venereal disease caused the loss of more man hours to the armed forces during the war than any other one disease.

This campaign in Rhode Island is known as an educational case-finding campaign against syphilis. The purpose of the campaign

is to find cases early, to acquaint the public with the signs and the symptoms of syphilis and to direct them to places of treatment. Every publicity media is being used during a three-month campaign which began in July. There will be forty-two spot announcements weekly after 6:00 P.M.; eighteen shows with professional talent; outdoor advertising with a potential reading public of ninety thousand persons daily and car cards in the metropolitan areas (five hundred and fifty-eight units giving their message to the reading public). Decals for washrooms and counter cards are also being used as well as newspaper advertising and stories. On Wednesday evening, August 24, between 10:00 and 11:00 P.M., I listened to a radio broadcast over a local station dramatizing the necessity for prompt treatment and for frequent examinations and blood tests. It was one of the best programs covering this subject which I have ever listened to and was most intelligently gotten together and presented.

There have been a total of twelve thousand, two hundred and fifty-four cases of syphilis reported in Rhode Island during the last ten years and this indicates the necessity for using every means to acquaint the public with the true picture in the prevention and treatment of this dread disease. It is expected that this campaign will also influence the gonorrhea picture. Statistics indicate that six thousand, four hundred and seventy-five cases of gonorrhea have been reported during the last five years, and it must be presumed, there were many thousands of cases which were not reported. Unfortunately, there are many persons who, in their ignorance, take a light view of this disease, which can cause untold suffering, as well as sterility, and who treat it as though it were a common cold.

The picture presented in the City of Providence is one which should not make us too complacent in our attitude toward the control of venereal disease. During 1948 there were five hundred and six cases of syphilis and one hundred and eighty-eight cases of gonorrhea reported to the State Department of Health as having been contracted in the City of Providence. To date during this year, there have been two hundred and seventy-nine cases of syphilis and ninety-nine cases of gonorrhea reported to the State Department of Health as having been contracted in the city. This would seem to indicate that we have made no progress in the city with respect to control.

The question naturally arises, "What can the police do to assist in the efforts which are being made to reduce venereal disease in the United States?" The answer obviously would seem to be, "To cooperate with other agencies seeking to achieve this end." After a study of existing conditions here in Providence we in the police department decided that if we coordinated our efforts with the Armed Forces Disciplinary Control Board for the New England area which is located in Boston, and the Providence Board of Health, also the State Department of Health, that we could more efficiently control the situation. In carrying out this plan we were actively assisted by Associate Justice Luigi DePasquale of the Sixth District Court in Providence and the medical authorities at the Charles V.

Chapin Hospital which is maintained by the City of Providence. Active assistance is also provided by a shore patrol which has been quartered in Police Headquarters since 1942 and by a squad of military policemen recently provided by the Provost Marshal of the Boston Military Police Area. The assistance given by the Army and Navy is invaluable because of the location of the City of Providence with reference to the large naval bases at Quonset and Newport and the numerous military installations within a short distance of Providence. All cases of infection to military personnel occurring within the city are reported to the commanding officer wherever located, who in turn reports to the Control Board. Periodically, a meeting is held at Control Board Headquarters in Boston which is attended by the commanding officer of our Bureau of License Enforcement. He secures a listing of all places within the city where contact was made and calls to his office the proprietor and acquaints him with the facts. Further, he forwards a report to the commanding officer of the Division of Women and Juveniles and of the precinct. Special attention is then given to the establishment. In more serious cases the proprietor is summoned before the Control Board to present his side of the case and to receive the information and evidence accumulated by the Control Board.

Periodically, the State Department of Health furnishes to this department a listing of hotels and liquor establishments where pickups have been made and venereal disease has resulted therefrom. The proprietors are called in by the commanding officer of the Bureau of License Enforcement and warned or, in more serious cases where legal evidence exists, the proprietor is brought before the Licensing Board for action. This has resulted, in some cases, in a suspension of the license and, in others, a warning.

A survey conducted in 1948 in Providence by experienced workers of an out-of-state organization disclosed that it has been many years since Providence had commercialized vice. This does not mean that there are no streetwalkers who practice prostitution nor does it mean that some do not frequent cafes. On the contrary, we recognize that those conditions do exist and we are organized to cope with the situation.

Providence is a city of approximately two hundred and fifty-five thousand persons located in the center of a metropolitan area of about four hundred thousand. It is forty-four miles from Boston and one hundred and ninety miles from New York City. Two national highways pass through the city and, as previously stated, it is adjacent to large naval and military installations. This makes it a focal point for servicemen who are seeking diversion. It is also a seaport where merchant mariners seek relaxation after long sea voyages. These conditions attract not only prostitutes, but also girls who are not too restrained in their moral conduct.

In 1946, the Bureau of Police and Fire, recognizing that proper control of young girls and women could be more efficiently carried out by policewomen, appointed, after thorough training, four young

women to the patrol force of the Providence Police Department. A Division of Women and Juveniles was created under the command of a captain. This division operates on a twenty-four hour basis, the policewomen being assigned to work in pairs from 8:00 A.M. to 1:00 A.M. They rotate weekly thereby allowing all to become conversant with conditions throughout the city. They operate exclusively in civilian attire and inspect all licensed premises for violations of the Juvenile Act, the liquor laws and all criminal statutes. They have made many arrests and have appeared as witnesses against proprietors of licensed premises. When a charge is placed against any woman for a violation of our morals code a request is made in open court to the judge that the offender be held in substantial bail and that the case be continued for a sufficient period of time so that a complete physical examination can be made at the place of detention. By this cooperation many cases of syphilis and gonorrhea have been detected and the persons have been treated either at the place of detention or through their own physicians if they are released on bail. This is one of the conditions precedent to release on bail. In many cases where a prosecution did not result because of lack of evidence the person picked up has been brought to a clinic maintained by the City of Providence at the Charles C. Chapin Hospital and an examination made and VD detected and treated.

In addition to the restrictive measures taken by personnel of the Division of Women and Juveniles the commanding officer of the Bureau of License Enforcement is charged with overall supervision of all licensed establishments within the city. This results in inspection tours by members of his bureau who report all violations and, where evidence is obtained, in prosecution. In addition, the captain of each precinct, of which there are three, is charged with the responsibility for suppressing disorderly conditions within his precinct. Through his patrolmen and his precinct detectives he is acquainted with all the illegal business occurring and takes action after assembling evidence. This action is directed against street-walkers, frequenters of cafes and keepers of houses of ill fame.

It should be borne in mind in carrying out this police program that full cooperation and coordination is maintained with the Department of Health and the Disciplinary Control Board. I mention this in passing, because, in some cases, in order to protect sources of information names are not disclosed. This is in cooperation with the Department of Health on the local level and the United States Public Health Service.

For further information concerning the work of the International Association of Chiefs of Police in relation to social hygiene, address Edward J. Kelly, Executive Secretary, at IACP headquarters, 1424 K Street, N.W. Washington 5, D. C.

NATIONAL EVENTS

ELEANOR SHENEHON

*Director, Washington Liaison Office
American Social Hygiene Association*

"Eight Point Agreement of 1948" Becomes Effective.—In furtherance of cooperative relationships between official and voluntary agencies concerned with VD prevention and control under present conditions, in November, 1948, a new *Agreement on Measures for the Control of Venereal Diseases* was submitted to participants in the wartime Agreement of 1940 and its 1946 successor as revised for peacetime.

Like the previous statements, the 1948 *Agreement*, which now has been approved and signed by the official agencies concerned, calls for the assistance of ASHA and affiliated social hygiene societies. Such assistance, as JOURNAL readers know, is being provided through the ASHA National Defense Project and other program activities in which the state and community societies and cooperating voluntary agencies actively join.

The new *Agreement* reads as follows:

AN AGREEMENT ON MEASURES FOR THE CONTROL OF VENEREAL DISEASES, NOVEMBER, 1948

It is recognized that the following services should be developed by State and local health and law enforcement agencies in cooperation with the Public Health Service of the Federal Security Agency, the Coast Guard of the Treasury Department, the Departments of the Army, Navy and the Air Force of the National Defense Establishment, and interested voluntary organizations:

- (1) **The Armed Services and the Coast Guard** will provide early diagnosis and adequate treatment for military personnel infected with venereal disease.
- (2) **Health departments** will provide adequate case finding, diagnostic, treatment and case holding procedures for the venereal diseases in the civilian population.
- (3) **The civilian contacts** of military personnel infected with venereal disease will be determined, and reported by officers of the Armed Services¹ and the Coast Guard through medical channels to State and/or local health authorities only.
- (4) **The military contacts** of infected civilians should be reported to appropriate officers of the Armed Services and the Coast Guard by local or State health authorities.

¹ Familial contacts of military personnel will be reported in accordance with existing Armed Forces directives.

- (5) **Recalcitrant infected persons**, should be isolated during the period of communicability. In civilian populations it is a duty of local health authorities to obtain any needed assistance of the law enforcement authorities in enforcing such isolation.
- (6) **The law enforcement authorities** are responsible for the repression of commercialized and clandestine prostitution. In order to limit the spread of venereal infections from these sources, the local health departments and State health departments, the U. S. Public Health Service, the Armed Services and the Coast Guard will cooperate directly or through Armed Forces Disciplinary Control Boards with law enforcement authorities in repressing prostitution and allied vice conditions, by providing them with the necessary available information relative to places and means of procurement and/or exposure, as may assist them in carrying out their responsibilities.
- (7) **An aggressive continuous program of education** should be carried on among military personnel and the civilian population regarding the dangers of promiscuous sexual conduct and venereal diseases, methods of preventing venereal infections and the action which should be taken by a person who suspects that he is infected.
- (8) State and Territorial health officers, the Public Health Service of the Federal Security Agency, the Coast Guard of the Treasury Department, the Departments of the Army, the Navy, and the Air Force of the National Defense Establishment, **all invite the assistance of representatives of the American Social Hygiene Association, affiliated social hygiene societies and of other official and voluntary welfare organizations or groups, in developing and stimulating public support for the above measures.**

G. H. FOLEY, JR.

Acting Secretary of the Treasury
(Signed June 21, 1949)

LOUIS JOHNSON

Secretary of Defense
(Signed April 15, 1949)

J. DONALD KINGSLEY

Acting Federal Security Administrator
(Signed March 10, 1949)

R. H. HUTCHESON

President, Association of State and Territorial Health Officers
(Signed December, 1949)

White House Conference on Children and Youth Set for December, 1950.—Plans for the Midcentury White House Conference on Children and Youth called by President Truman are rapidly taking shape, under the general direction of a National Committee of 52 citizens headed by Federal Security Administrator Oscar R. Ewing. Here is the blueprint to date:

Time and place: Washington, D. C., the week of December 3, 1950.

Theme: "To consider how we may develop in children the mental, emotional and spiritual qualities essential to individual happiness and responsible citizenship."¹

Organization: *Honorary Chairman:* The President of the United States, Harry S. Truman; *Chairman:* Hon. Oscar R. Ewing; *Vice Chairmen:* Leonard W. Mayo, Mrs. Eleanor Roosevelt, Benjamin Spock, M.D., George D. Stoddard; *Secretary:* Katharine F. Lenroot.

Executive Committee: Leonard W. Mayo, New York City, *Chairman*; James Carey, Washington, D. C.; Rabbi Solomon Goldman, Chicago; Mrs. John E. Hayes, Chicago; T. Duckett Jones, M.D., New York; Flemmie P. Kittrell, Washington; Mrs. David M. Levy, New York; Very Rev. Msgr. John J. McCafferty, Washington; Mrs. Eleanor Roosevelt, New York; Boris Shishkin, Washington; Benjamin Spock, M.D., Rochester, Minnesota; George D. Stoddard, Urbana, Illinois; Rev. Luther Weigle, New Haven, Connecticut; Hon. Oscar R. Ewing, *ex-officio*.

Chairman of Technical and Special Committees: *Technical Committee on Fact-Finding:* Benjamin E. Youngdahl, St. Louis, Missouri; *Technical Committee on Communications:* Lyman Bryson, New York; *Committee on Conference Program:* A. J. Brumbaugh, Washington, D. C.

Advisory Councils: Advisory Council on Participation of National Organizations, Advisory Council on State and Local Action, Advisory Council on Federal Government Participation, Advisory Council on Youth Participation.

Executive Staff: *Executive Director:* Melvin A. Glasser; *Chief Consultant:* Henry F. Helmholtz, M.D.

Financing: Government support is represented by a Congressional appropriation of \$75,000; budgetary requirements set by the National Committee total \$412,946, so that major financing must come from private sources. (All previous White House Conferences have been entirely financed by voluntary funds.) Towards the \$337,946 needed from these sources, \$50,000 has been pledged as of October 27, Director Glasser states. Mrs. Gertrude R. Davis, former associate executive director of the New York City Jewish Family Service, has volunteered her services as consultant on fund-raising.

Headquarters: Room 5526, Federal Security Agency Building, Washington 25, D. C.

Conference materials (available on request):

Progress Bulletin and mimeographed news releases. Pamphlet: *The Mid-century White House Conference on Children and Youth . . . Why a Conference? . . . How Will It Work? . . . What Can It Mean to You?*

Reprint from *The Child*, U. S. Children's Bureau, October, 1949. Remarks by President Truman, Mr. Ewing, Miss Lenroot, Mr. Glasser; conference organization chart.

On November 29-30 in Washington representatives of 150 national scientific, community service, religious and civic organizations met with Conference leaders to outline specific ways in which programs and resources could be made most useful in developing the Conference. National voluntary organizations in particular are asked to assist in fact-finding, informing their members, and channeling reports of local group discussions to the Conference Committees. Miss Eleanor Shenehon represented ASHA at the November meetings.

Further details will appear in the *JOURNAL* and *Social Hygiene News* as Conference plans develop. ASHA will participate in the Conference through the Advisory Council on Participation of National Organizations, both directly and through membership in the National Social Welfare Assembly.

General Armstrong Succeeds General Grow as Air Force Surgeon General.—Major General Malcolm C. Grow retired on December 1st after more than thirty-one years of military medical service, and was succeeded as Surgeon General of Air Force by Major General Harry G. Armstrong, who has been Deputy Surgeon General. Citing General Grow for his work in aero-medicine, General Hoyt S. Vandenburg, Air Chief of Staff, pinned an Oak Leaf cluster on General Grow in lieu of another Distinguished Service Medal. This honor follows closely on the presentation to General Grow of an honorary fellowship by the American College of Surgeons in recognition of the research carried out under his direction on the medical problems of high altitude flying.

U. S. Children's Bureau Appoints New Consultants to Health Services.—The Federal Security Administrator has announced the appointment of five highly qualified authorities in specialized fields of maternal or child health as part-time consultants to the Division of Health Services of the Children's Bureau. They are:

Dr. Harry H. Gordon, Professor of Pediatrics at the University of Colorado; Dr. William G. Hardy, Director of the Hearing and Speech Center at Johns Hopkins School of Medicine; Dr. Meyer A. Perlstein, Professor of Pediatrics at the Cook County Post Graduate Medical School in Chicago; Dr. Grete L. Bibring, Chief of Psychiatric Services at Beth Israel Hospital in Boston; and Dr. John Whitridge, Jr., Assistant Professor of Obstetrics at Johns Hopkins.

The primary responsibility of the new consultants will be to advise the Bureau staff and state health agencies on the handling of problems falling within the fields of their respective specialties. This service will make it possible, therefore, for the states and territories, as well as the federal agency, to call on experts to help them improve the quality of their maternal and child health programs. It is expected that the roster of such consultants will be enlarged as funds to do so become available.

Hayes Succeeds Pryor as Assistant to Administrator FS Agency.—Appointment of Theodore T. Hayes as an assistant has been announced by Federal Security Administrator Oscar R. Ewing. He will assist the Administrator in maintaining liaison between FSA and Congress, and will be responsible for service to that body on matters relating to FSA activities. Mr. Hayes, who has been a consultant in the Office of the Administrator for several months, takes over these duties following the resignation of Donald J. Pryor, who recently joined the staff of the International Refugee Organization in Geneva, Switzerland.

Inter-Association Committee on Health Is Formed.—At an all-day conference at the Hotel Statler, New York, on November 13, six national organizations formed a joint committee "to coordinate efforts

to improve health care for the nation." The participating organizations are the American Medical Association, American Hospital Association, American Nurses Association, American Dental Association, American Public Health Association and American Public Welfare Association. The committee will serve as a means for the exchange of information on programs of the participating organizations so that a common understanding may be reached for the solution of national health programs. The group also will carry on activities contributing to the major objectives of improving the health of the nation, it was said.

Dr. Philip E. Adams of Boston, American Dental Association president, served as chairman of the November 13 meeting. Another meeting is scheduled soon.

Conference of State Directors of Public Health Education.—One of the associated groups which held sessions in connection with the convention of the American Public Health Association in New York last October was the above-named. Present were representatives from twenty states and the Territory of Alaska, plus a good number of guests. High points of discussion evolved around problems relating to personnel, recruitment and training, on the one hand, and on the other relationship with voluntary agencies and local health councils.

At this meeting also formal organization took place under the name of the Conference of State Directors of Public Health Education, a constitution and by-laws were adopted, and officers were elected as follows:

President, Ann W. Haynes, California; president-elect, Ralph T. Fisher, New Jersey; vice-president, Leonard C. Murray, Iowa; secretary-treasurer, Granville W. Larimore, New York; editor, Elizabeth Lovell, North Carolina; executive committee: Cassie B. Smith, Mississippi; Bertha H. Campbell, Kansas, and William H. Rost, West Virginia.

While membership in the Conference is restricted to persons holding the position or performing the duties of Director of Public Health Education in state, territorial or provincial departments of health, faculty members of schools of public health, representatives of voluntary health agencies and of the U. S. Public Health Service will be welcomed as visitors at Conference meetings. The Conference held a highly successful Hospitality Session as part of its APHA program.

National Council of Negro Women Honors Mrs. Bethune.—At the Fourteenth Annual Meeting of the Council in Washington, November 15-18, Mrs. Mary McLeod Bethune, founder and President, announced her retirement. Mrs. Bethune, now seventy-four years old, has guided the Council throughout its life, and her staunch support of health and welfare activities has been a definite factor in progress in that direction among Negro women.

At the Council's opening meeting at the Labor Department Auditorium President Truman paid special tribute to Mrs. Bethune for

her long years of service, including her work in the National Youth Administration during the depression. At this time also Council awards were presented to Mme. Pandit, Indian Ambassador to the United States; Dr. Ralph Bunche, Director of Trusteeship for the United Nations; Secretary of the Interior Oscar L. Chapman, and Walter White, Director of the National Association for the Advancement of Colored People, among others. A special organization award was given to the American Association of University Women for its work for the elimination of racial discrimination.

To succeed Mrs. Bethune as President the Council elected Dr. Dorothy B. Ferebee, head of Howard University health services and a member of the board of the District of Columbia Social Hygiene Society. Regional vice-presidents are:

Mrs. Daisy George, New York City; Mrs. Vivian Carter Mason, Norfolk, Virginia; Mrs. Fannie Ponder, St. Petersburg, Florida; Mrs. Doris Wesley, Houston, Texas; Mrs. Ora Stokes Perry, Kansas City, Missouri; Mrs. Beulah Whitby, Detroit, Michigan; and Mrs. Vivian Osborne Marsh, Berkeley, California.

American Veterans Committee Holds Fourth Annual Convention.—Meeting during the last week in November in Chicago for its fourth annual convention, the AVC, World War II veterans organization, founded in 1946 "to achieve a more democratic and prosperous America and a more stable world," elected Michael Straight, of Washington, D. C., and New Republic editor, as national chairman, and as national vice-chairman, William R. Ming, Jr., Negro attorney and law professor. Eight regional chairmen were chosen to constitute, with fifteen members-at-large, the National Planning Committee which governs AVC between conventions. The Committee has appointed Louis C. Pakister, Jr., as AVC's first paid national executive director.

American Medical Association Magazines Have New Editors.—Dr. Austin Smith, a member of the AMA staff since 1940 and director of its division on therapy and research, has been appointed editor of the *AMA Journal*, succeeding Dr. Morris Fishbein, who has carried editorial responsibility of the *Journal* and other AMA publications for the past thirty-seven years. The *Journal*, leading scientific medical magazine, has a circulation of 136,000 copies a week.

Dr. W. W. Bauer, experienced Director of the AMA Bureau of Health Education, has assumed editorial direction of the magazine *Hygeia*, well-known health magazine for laymen. He has announced that beginning with the March issue *Hygeia* will be known as *Today's Health*.

Dr. Fishbein as of December 1 became consultant medical editor for the publishing firm of Doubleday and Company of New York, and its subsidiary, the Blakiston Company of Philadelphia.

Parent-Teachers Set Goals for New Administration.—*The Citizen Child—His Destiny, a Free World*, will be the administration theme of the National Congress of Parents and Teachers during her three-

year term of office, Mrs. John E. Hayes, of Twin Falls, Idaho, president, announced during the September meeting of the Board of Managers in Chicago. To translate the theme into action the Board pledged the organization to work for its objectives "in the home, in relation to the school, and in the wider community." "In the home," the NCPT blueprint specifies

"We will . . . listen to the child; take time to understand what is really in his mind and heart; share more of our work, play, and our discussions with him; help the members of the family to understand one another's different and often difficult personalities; encourage children to respect people of other races, faiths, and habits of living; and have more family conversation about human relations in the home, the community, and the world.

"In relation to the school we will keep ourselves well informed about the school situation in the country at large and in our own community; work for adequate financial support for our schools, sufficient and competent staffs, proper physical facilities, and creative programs; ask the school to inform the community about its citizenship training activities and how the home may help; communicate to our children a greater respect for the teaching profession and encourage promising children to look toward it as a career; and promote personal correspondence of children with those of other countries.

"In the wider community we will encourage the family as a group to participate in church activities; seek and develop, through the church, the greatest possible inspiration toward peace and human brotherhood; strengthen citizenship by working with the character-building agencies of the community; learn the facts about the community, that we may more wisely guide and protect the children; and accept our responsibilities for the well-being of the whole people, through well-informed voting and support of civic activities.

"Also, speak and act courageously for the fair, friendly, and equal treatment of all people within the community; learn the aims and accomplishments of the United Nations, and especially of UNESCO, and accept our individual responsibility to make these organizations work; seek opportunities for friendly contacts with people abroad, through gifts, correspondence, and other means; stand always for free and fair discussion of the problems of other countries as well as those of America."

This program, framed in accordance with the platform adopted at the NCPT convention in St. Louis last June, was recommended by a steering committee headed by Mrs. Newton P. Leonard of Providence, R. I., first vice-president. It will be implemented by the efforts of the Congress' various committees especially related, including *Social Hygiene*, William F. Benedict, Hartford, Connecticut, Chairman; *Health*, Dr. Carl Neupert, Madison, Wisconsin; Dr. Frances Prevey, Kansas City, Missouri, *Home and Family Life*, and Prof. Joseph K. Folsom, Poughkeepsie, New York, *Parent Education*.

The Congress, which for some years has leased headquarters at 600 South Michigan Avenue, Chicago, has recently announced plans for a new \$750,000 building at Rush and Huron Streets, on the near north side. Expansion is made necessary to permit full service to the membership, which in 1948 numbered 5,774,358, including 1,900,000 men, fathers and teachers. Mrs. Walter H. Beckham of Miami, Florida, Membership Chairman, has set a goal of six million before the 53rd Convention convenes at Long Beach, California, May 22-24, 1950.

NOTES ON MEDICAL PROGRESS

Progress in Gonorrhea Prevention Through Penicillin.—Development of gonorrhea in men can be prevented in many cases by administration of a single penicillin tablet a short time after exposure, a study made among military personnel shows.

Writing in the July 16 issue of *The Journal of the American Medical Association*, Drs. Harry Eagle, G. E. Beckmann, and G. Mast and Lieut. (jg) A. V. Gude, Capt. J. J. Saper, and Hospital Man Chief J. B. Shindlecker, of the National Institutes of Health, U. S. Public Health Service, Bethesda, Md., and Research Division, Bureau of Medicine and Surgery, Navy Department, Washington, D. C., say:

"In a control group of 176 to 195 men receiving a placebo tablet which contained no penicillin, there were 43 cases over a period of 24 weeks in a total of 3,616 liberties (508 cases per thousand men per year, and 11.9 per thousand liberties).

"In the experimental group, consisting of 151 to 213 men who received a single [penicillin] tablet, there were five cases in 3,218 liberties (1.8 per thousand liberties, and 105 per thousand men per year). In three of these five cases there was reason to doubt that the penicillin had been received.

"When the size of the [penicillin] tablet was subsequently increased, there was one questionable case over an eight week period in an experimental group of 87 to 141 men with 569 liberties. When the penicillin was then made available to the entire station on a voluntary basis, so that it was taken only by those who had actually been exposed, there was again only one questionable case in 1,454 liberties followed by penicillin prophylaxis. From the previous control experience one would have anticipated at least 20 cases in these two groups of 2,023 liberties.

"In the dosages and under the conditions here used, there were no toxic complications, no clear-cut instance of suppressed syphilitic infection, and no indication of the development of penicillin-fast strains of gonococci.

"The results here reported in the prevention of gonococcal infection bear out the general thesis that infections susceptible to treatment with penicillin may be successfully aborted during the incubation period by relatively small doses of penicillin. Thus, it may be possible to terminate epidemic outbreaks of such infections by the daily peroral [by mouth] administration of penicillin over a limited period of time to the entire susceptible and exposed population."

Penicillin Cures Congenital Syphilis.—Babies born with syphilis can be cured in almost all cases if penicillin treatment is begun before they are three months old, a study made by three Philadelphia physi-

cians has shown. The doctors—Elizabeth Kirk Rose, Paul Gyorgy and Norman R. Ingraham, Jr.—reported their findings in the *American Journal of Diseases of Children*, published by the American Medical Association. Under a grant from the National Institute of Health, they studied 60 children over an average period of two years. Seven infants died during the study, two of causes other than syphilis; the remaining five who died were small, unusually weak infants, and their deaths were not thought to be related to penicillin therapy, the doctors report. Of the 48 babies treated with penicillin by injections into the muscles, 37 apparently were cured and 10 were free of symptoms although blood tests remained positive. Results in one case could not be evaluated because the child was not available for study. Five children were treated with penicillin given by mouth. Four infants responded "satisfactorily" and one child of two and a half responded "well" although his blood test remained positive. "The age of the patient at the onset of treatment, rather than the dosage, type or means of administration of penicillin, seemed to be the chief factor in determining satisfactory response," the doctors pointed out. "Cures approached 100 per cent when treatment was commenced before the third month of life."

VD Control Course at Harvard.—The Harvard School of Public Health spring term is conducting in the Department of Public Health Practice, as in previous years, a course entitled Venereal Disease Control. The course, beginning April 10 and ending June 3, is conducted by Dr. Walter Clarke, Clinical Professor of Public Health Practice at Harvard University. Six hours of instruction per week present, first, the basic medical facts regarding syphilis, gonorrhea, and the minor venereal diseases, and second, their epidemiology, prevention, and administrative control. During the first part of the course the subject matter is presented by means of lectures, motion pictures, slides, and clinical demonstrations. The second part is devoted to lectures and class discussions of practical problems involved in the public health control of venereal diseases. Candidates for the degree of Master of Public Health who successfully complete this course are credited with three units toward the degree.

Associated with this course are opportunities for clinical instruction at Peter Brent Brigham Hospital under supervision of Dr. F. W. Marlow and in serology under Dr. William A. Hinton. Arrangements can also be made during the summer for supervised training and experience in venereal disease control in the New York City Department of Health under the supervision of Dr. Clarke and Dr. Theodore Rosenthal. Appropriate credit is given for this field work.

The above mentioned courses generally require the medical degree as a prerequisite for admission. For further information address the Secretary, Harvard School of Public Health, 55 Shattuck Street, Boston, Massachusetts, or Dr. Walter Clarke, c/o the American Social Hygiene Association, 1790 Broadway, New York City.

WORLD NEWS AND VIEWS

JOSEPHINE V. TULLER

Secretary, Committee on International Relations and Activities, American Social Hygiene Assn.

and

JEAN B. PINNEY

Director, Regional Office for the Americas, International Union against the Venereal Diseases

News from the United Nations

World Health Organization Gains Peru as 67th Member.—Peru was the 16th member of the Pan American Sanitary Organization to join WHO and became the 67th member of the world organization. The Peruvian Government's ratification of the WHO Constitution was deposited with the Secretary General of the United Nations on November 15th.

WHO Director Calderone Resigns.—Dr. Frank Calderone, Director of WHO's New York Liaison Office and identified with WHO since 1946, resigned as of December 31, to become Executive Director of the New York City Cancer Committee. He will continue to act as WHO Consultant and Adviser and as Consultant to the UN Medical and Health Service. A graduate of New York University Medical School and recipient of Master of Public Health degree from Johns Hopkins University, Dr. Calderone was formerly Secretary and First Deputy Commissioner of Health for New York City.

UNESCO Promotes Circulation of Audio-Visual Materials.—In an effort to permit free circulation of educational materials, UNESCO has proposed an International Agreement to remove customs duties and quantitative restrictions on certain imports of educational, scientific and cultural nature. Included are films, filmstrips, microfilm, sound recordings, glass slides, models, wall charts, maps, posters and similar materials.

The Agreement will become effective 90 days after UN's Secretary-General has received ten instruments of acceptance or accession. Three nations, Brazil, the Dominican Republic and the United States have already signed, and the Agreement is now in circulation among national legislative authorities for ratification.

News from Other Countries

Indian Expert Reports on Social Hygiene Problems.—Continuing its series of discussions on international aspects of social hygiene the Social Hygiene Committee, New York Tuberculosis and Health Association, on November 21, presented Dr. R. V. Rajam who gave an interesting and stimulating survey of problems in this field as they exist today in India.* Dr. Rajam, speaking in his capacity as a

* Following introductory remarks by Dr. J. A. Goldberg, Committee secretary, and Dr. William F. Snow, president, International Union against the Venereal Diseases.

member of the Expert Committee on Venereal Diseases of the World Health Organization and as Professor of Venereal Diseases in the Medical College of Madras, said that his country, an infant nation two years old, today has two major social hygiene problems—the venereal diseases and prostitution. As a result of a study made in 1926 by a delegation of a British social hygiene group the governments of several provinces have initiated projects in an attempt at a solution of these problems.

In India there is no nation-wide governmental organization such as the United States Public Health Service, and consequently each province deals with its own health problems. In southern India there are four medical colleges, graduating 150 doctors yearly for a population of 52 million people. Nursing care is also inadequate—there are only 5,000 to 6,000 nurses in the whole country. Several VD clinics have been opened in existing hospitals, and some physicians trained in this field, but the available funds, facilities and personnel are inadequate. In Northern India syphilis is endemic, with about 60 per cent of the population showing evidence of the disease. Syphilis is thought to be one and one-half times more prevalent than gonorrhea, and the average age at which it is acquired in India is seventeen.

In 1932 the Government of Madras legislated against commercialized prostitution, with all the other provinces following suit. However there is no great reduction in prostitution even though brothels are abolished. The law forbids third party earnings, but not "single person" earnings (to illustrate, exploiters can be prosecuted but not prostitutes *per se*), hence there is a loophole which causes VD to increase. Another problem is presented by medical quacks and charlatans. There is no law at present to prevent them from treating VD. There are no laws providing for premarital or prenatal blood tests. Urgently needed, before legislation is enacted, are more qualified physicians, more clinics and other personnel. There are no basic data as to the incidence of venereal diseases. This is due, in large measure, to the lack of organization. Because of the dollar shortage India has very little penicillin; and arsenical drugs and bismuth are used in treatment. Due to the unusual toxic reaction of the arsenical drugs in Indians, the patients come for only a few treatments.

What is needed in every province is an organization concerned with the prevention and control of the venereal diseases. The regional office of the World Health Organization is situated in Delhi, but as India is a vast place and help is needed all over the country, most areas do not have clinical facilities. With sufficient help and supplies India could serve as a training center for doctors, public health and social workers for all of Asia. WHO has sent a demonstration group to India headed by Dr. John Cutler of the U. S. Public Health Service, who is on loan to WHO to study the incidence of VD and to set up treatment facilities. He is training a staff to continue the work after he returns to the United States. Within

the past two years a voluntary group of women have formed the Social Service Guild. This Guild needs propaganda material from the U.S. and Britain for the program in India, especially advice on how to organize public information.

In the United States

National Social Welfare Assembly Organizations Discuss Educational Exchange Through "Fulbright Act."—On November 29 the Assembly's Committee on International Affairs brought together organization representatives and persons interested in the important subject of exchange of students, teachers and research scholars with other nations through the Congressional Act sponsored by Senator Fulbright of Arkansas. By means of this Act U. S. Government Scholarships are provided from funds due the USA from sale of surplus property in the following countries: Australia, Austria, Belgium, Luxembourg, Burma, China, Egypt, France, Greece, India, Iran, Italy, Netherlands, New Zealand, Norway, Pakistan, Philippines, Turkey, United Kingdom and some British Colonial Dependencies. The program is expected to continue for some years, and may include other countries later. During the 1950-1951 academic year nearly 1,000 Americans will be able to undertake graduate study, teaching, or research in foreign institutions and approximately the same number of opportunities will be available to foreign nationals for study, research, and teaching in the United States. The arrangement holds great advantages in furtherance of international goodwill and understanding, as well as for growth in education.

At the Assembly meeting present activities, responsibilities and plans for the future were discussed, and much interest was reported by the staff member attending on behalf of the ASHA International Division. Further information on the Fulbright Act and applications for 1952-1955 may be obtained by writing to the National Social Welfare Assembly, Inc., 1790 Broadway, New York 19, N. Y.

ASHA Staff Member to Spend Two Years in Japan.—Mrs. Aiko Yoshinaga Abe, office secretary for the ASHA International Division for three years, left in November for Japan to join her husband who is assigned to that area with the U. S. Army. Although Mrs. Abe will be greatly missed by her friends and associates, her residence in Japan offers a real opportunity for close contact with social hygiene developments in that country.

BOOK REVIEWS AND PUBLICATIONS RECEIVED

ELIZABETH B. McQUAID

Editorial Assistant, Journal of Social Hygiene

THE MARRIAGE HANDBOOK. By Judson T. and Mary G. Landis. New York, Prentice-Hall, Inc., 1949. 513 p. \$3.50.

The authors of the *Marriage Handbook* have dealt successfully with the countless questions raised in college courses on Preparation for Marriage and have presented a distillate derived from their years of experience as teachers of this subject. The diversity of student needs in this area, which is conceded to be one of the challenges to be met, may be recognized in a glance at the Table of Contents. The scope of the Handbook covers quite adequately a consideration of *Why People Marry or Fail to Marry, The Problem of Courtship, Mate Selection, Mixed Marriages, Legal Aspects of Marriage, Adjustment in Marriage, Religious Attitude and Family Life, Management of Finances, Parenthood and Sex Education.*

Good use is made of the research and studies which are fortunately a matter of record in many books and publications. One recognizes the discriminating screening which enters into the selections from Terman, Baber, Folsom, Burgess and Cottrell, etc. There is much to commend in this book. However, this reviewer could not fail to note the absence of references to contributions from modern psychiatry, great works of literature, and the varieties of family patterns which lend interest and often help to lift the sights of the students. It seems important also to recommend a revision of the data on the biological differences between men and women.

The material included is pertinent, lucidly presented, the illustrations are well chosen, the tables are easy to comprehend, and words of wisdom flow freely without the faintest suggestion of a "holier than thou" attitude. A more realistic picture can be produced in terms of the dynamics of family interaction if some attention were given to crises in family life and to the continuity of family experience

past middle age into old age. The inclusion of carefully selected cartoons, e.g., a scene depicting a quarrel between husband and wife on page 252 with the caption,

"What do you mean, *We're incompatible?* You're the one who's incompatible!"

lends the type of humor to the study of adjustment in marriage which most students appreciate.

To the degree that Dr. Judson T. Landis and Dr. Mary G. Landis have set themselves the task of preparing young people realistically for marriage by presenting helpful scientific information, teachers and students alike will acknowledge the success of their joint effort.

BERTHA G. GOLD,
Hunter College, N. Y.

CHILD DEVELOPMENT: Physical and Psychological Growth Through the School Years. By Marian E. Breckenridge and E. Lee Vincent. Philadelphia and London, W. B. Saunders Company, 2nd Edition, 1949. 622 p. \$4.00.

Designed as a textbook for college students in "psychology, teacher training, home economics, nursing and social work as well as for parents," this book gives a comprehensive picture of growth and development from infancy through adolescence, drawing heavily on research in many fields. The extent of this research is evidenced in the reference bibliography which includes over one thousand titles. In addition, further reading suggestions are included in each chapter.

What emerges from behind this mass of material is an interesting and sound concept of child development which recognizes the complexities of the growth process and the interplay of physical and psychological factors. The authors stress the wide range of individual differences in maturation and urge parents and teachers to recognize each child for himself.

Since the original volume of which this is a revision was published in 1943, its main content stems from research of the decade prior to that date. In this edition the authors have added more recent material, especially concepts from the psychoanalytic field, but they have not succeeded too well in bringing the whole book in line with current thinking. The sections on the influence of movies and radio on children, for example, are based on studies made during the 1930's which have since been seriously questioned; there is no mention of subsequent work in these fields. Modern concepts of infant care with regard to feeding, toilet training, etc., are not adequately presented, although they grow out of the principles of maturation the authors describe so well. Important new studies of early emotional development, such as those of Spitz and Bender, are omitted entirely.

In spite of these shortcomings, however, this book should be of value to students, provided they follow the authors' own suggestion of not using it as a text alone. Parents who can accept its textbook format will also find it helpful, but they too will want to use it in conjunction with other material.

ALINE B. AUERBACH

THE INDIVIDUAL AND VENEREAL DISEASE. By Margaret K. Lumpkin. Department of Public Health, Yale University, New Haven, 1948. 70 p. Mimeographed.

Miss Lumpkin's contribution to our understandings of the psycho-social

characteristics of venereal disease patients lies in the area of secondary rather than primary research but is nonetheless one for which serious students will be grateful. Her work is in essence a symposium of pertinent published material. Except for inclusion of certain of her own previously published and unpublished studies, it does not represent new research effort on her part into the problems at issue, but rather the skilled accumulation and classification of a vast amount of data and the presentation and discussion of those studies which, after classification, met certain predetermined criteria. The work of Miss Lumpkin and the Steering Group and Consultants of the Cooperative Studies in the Social and Educational Aspects of Venereal Disease Control has two special meanings for workers in social hygiene: one, we are provided with a selective survey of what has gone before (plus a bibliography, incidentally, that is worth its weight in gold); two, we are provided with evidence of vast need of continued psycho-social studies in this field.

Short of quoting this summary verbatim, no adequate review of data, findings and common findings can be conveyed. To report on a less than adequate basis would be both unfair to the author and misleading to the reader. This book is of first importance to social workers, research workers and social hygiene workers. It must be read and reflected upon; it will inevitably give rise to more extensive, intensive and inclusive research and study.

ESTHER E. SWEENEY

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

PAMPHLETS, LEAFLETS, AND REPORTS

Pamphlets and Leaflets for the General Public

BALTIMORE CITY HEALTH DEPARTMENT, Baltimore, Md. A series of six leaflets: *Syphilis and what it can do to you; Syphilis and your baby; Gonorrhea in men; Gonorrhea in women; A new case of VD can be prevented with your help; Why should you go looking for trouble?*

CONCERNING THE FAMILY, Rev. Edgar Schmiedeler, O.S.B. St. Anthony Guild Press, Paterson, N. J. 33 p. 5¢.

GETTING ALONG IN THE FAMILY, Jane Mayer. Bureau of Publications, Teachers College, Columbia University. 44 p. 60¢.

MENTAL HEALTH IS A FAMILY AFFAIR, Dallas Pratt, M.D., and Jack Neher. Public Affairs Pamphlet No. 153. 31 p. 20¢.

- OREGON TUBERCULOSIS AND HEALTH ASSOCIATION, Division of Social Hygiene. Social hygiene education program. 15 pp. Portland, Ore. *Whence Why? Whither?* A preface to social hygiene education, F. G. Scherer. Leaflet.
- THAT EXTRA SOMETHING—A FULL TIME, LOCAL HEALTH DEPARTMENT GIVES YOU. National Advisory Committee on Local Health Units, National Health Council, New York, N. Y.
- TRAINING IN CHASTITY, Rev. Felix M. Kirsch, O.F.M. Cap. Our Sunday Visitor Press, Huntington, Ind. 27 p. 5¢.

IN THE PERIODICALS

Sex Education, Marriage and Human Relations

- HYGIEIA, November, 1949. *The job of being a father*, E. G. Neisser.
- JOURNAL OF SOCIAL CASEWORK, November, 1949. *The problem of diagnosis in marital discord*, Regina Flesch. *The contribution of casework to family life education*, G. K. Pollak.
- THE SURVEY, December, 1949. *Yes, families are changing*, Lawrence K. Frank.
- WOMAN'S HOME COMPANION, December, 1949. *How to handle quarrels*, David R. Mace, M.D.

Youth in the World Today

- PAGEANT, November, 1949. *What price virginity?*, Kay Stuart.

Public Health and Medical

- AMERICAN JOURNAL OF PUBLIC HEALTH, November, 1949. *Finding hidden cases*, C. D. Bowdoin, M.D. and C. S. Buchanan.
- December, 1949. *Psychosomatic approach to venereal disease control*, Herman N. Bundesen, M.D., Frederick Plotke, M.D., and Henry Eisenberg, M.D.
- AMERICAN JOURNAL OF SYPHILIS, November, 1949. *Neurosyphilis III. Evaluation after three years of treatment with penicillin alone and with a combination of penicillin and malaria*, A. C. Curtis, M.D., et al. *Penicillin failures in neurosyphilis*, Bernhard Dattner, M.D. *The frequency of discovery of syphilis in upstate New York between 1936 and 1945. The new threshold in venereal disease control*, J. R. Heller, Jr., M.D. *The use of cardiolipin lecithin in the preparation of antigen for the Hinton test*, W. A. Hinton, M.D., and G. O. Stuart and J. F. Grant. *Effect of chloramphenicol in early syphilis*, R. C. V. Robinson, M.D., L. M. Fox, M.D., and R. C. Duvall, M.D. *Effect of five years of penicillin alone on neurosyphilis, including some comparisons with prepenicillin methods*, J. H. Stokes, M.D., et al. *Experiences with single and multiple treatment schedules of early syphilis with procaine penicillin in oil and aluminum monostearate*, E. W. Thomas, M.D., et al.
- FLORIDA HEALTH NOTES, November, 1949. *Blood tests*.
- HEALTH, September-October, 1949. *The Health League of Canada. Report of committee on education regarding venereal diseases*, C. C. Goldring, M.D.
- HOSPITAL CORPS QUARTERLY, November, 1949. *Administrative aspects of venereal disease control*, Jewel P. Ray, Lt. (jg) (MSC) USN.
- JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, October 15, 1949. *Neurosyphilis treated with penicillin: report of 140 cases*, Douglas Goldman, M.D.
- October 22, 1949. *Prophylaxis of gonorrheal ophthalmia of the newborn. V. Comparison of effectiveness of penicillin and silver nitrate*, J. H. Allen, M.D., and L. E. Barrere, M.D. *Dermatology and syphilology in a modern medical program*, A. C. Cipollaro, M.D.
- November 12, 1949. *Aureomycin and its effect in early stages of syphilis: a preliminary report*, Jack Rodriguez, M.D. et al.
- JOURNAL OF VENEREAL DISEASE INFORMATION, September, 1949. Editorial, *Congenital syphilis. A study of nonspecific urethritis in British soldiery*, R. R. Wilcox. *Penicillin in abortive treatment of syphilis*, Frederick Plotke, M.D., Henry Eisenberg, M.D., Amelia H. Baker, M. E. Laughlin. *The baffling case of baby T.*, E. Walter Shervington, M.D., Cornelia M. Phillips, N. A. Nelson, M.D.
- October, 1949. *Attitude of venereal disease patients toward clinics and rapid treatment centers*, Lida J. Usilton and John W. Morse. *Case holding in*

- out-patient therapy of syphilis. A study of case-holding experiences in the out-patient management of patients treated with penicillin on an ambulatory basis, R. M. Sorenson, M.D., and R. D. Shannon. *Rapid treatment of syphilis. A second study of clinic attendance*, Charles R. Hayman, M.D. *The use of a multiple-copy form as an efficient clerical basis for medical clinics operation*, Henry Eisenberg, M.D., Robert Grund, Carma Rohwedder, and Mary Elizabeth Laughlin. *Characteristics of the cerebrospinal fluid in lymphogranuloma venereum*, Laurence Finberg, M.D., Richard E. Lord, M.D., and Mark T. Cenac, M.D.
- November, 1949. *Treponemal immobilization test of normal and syphilitic serums*, Harold J. Magnuson, M.D., and Frederick A. Thompson, Jr., M.D. *Penicillin in the treatment of early syphilis: 639 patients treated with 2,400,000 units of sodium penicillin in 7½ days*, Herman N. Bundesen, M.D. et al. *The effect of temperature variants on quantitative turbidimetric determinations of spinal fluid protein, using trichloroacetic acid*, Virginia L. Harding and Ad Harris.
- December, 1949. *Factors affecting the results of interviewing for contacts*, J. Wallace Rion and Sidney Abraham. *Observation of the Kolmer complement-fixation test for the VDRL spinal fluid test*, Frank M. Victor and Charles A. Hunter. *Penicillin treatment of early syphilis—first four patients after six years*, J. F. Mahoney, M.D., R. C. Arnold, M.D., and Ad Harris.
- NEW YORK MEDICINE, November 20, 1949. *The management of gonorrhea in general practice*, Adolph Jacoby, MD.
- SOUTHERN MEDICAL JOURNAL, November, 1949. *The treatment of gonorrhea with chloramphenicol*, C. H. Chen, M.D., R. B. Dienst and R. B. Greenblatt, M.D. *Studies on chloramphenicol in early syphilis and gonorrhea: preliminary report*, H. M. Robinson, M.D., and H. M. Robinson, Jr., M.D.
- VIRGINIA MEDICAL MONTHLY, December, 1949. *The need for continued treatment and control of venereal diseases*, J. M. Suter, M.D.

NOTE TO ASSOCIATION MEMBERS AND FRIENDS

Before this number of the **Journal** arrives, you will probably have received under another cover, together with other material, a copy of the Association's Annual Report for 1949, **Strategy of the ASHA**. We took this way of sending you our Report, rather than publishing the text in the **Journal**, as in past years, because we wanted you to have **Strategy** in its original attractive form, not possible to encompass within **Journal** covers for second class mailing. Will you, however, please consider the separate edition as a part of this February issue of the **Journal**? It will appear as such in the Annual Index and in the bound volume for 1950.

And will you please let us know if you would like additional copies of **Strategy**? We look forward to serving you.

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